### EXHIBIT G

U.S. Patent No. 10,736,688	Tride	nt RF Insulated Cannula, Model DTR
1. A system comprising:	To the extent the preamble is limiting, the Trident RF Insulated Cannula, Model DTR ("DTR") is pictured and is part of a system.	
an RF probe; and	As described in the Diros Instructions For Use ("IFU") of the DTR, which users are expected to follow when using the DTR, an "RF Probe/Temperature Sensor" is required equipment for use of the DTR. (Exhibit I (Instructions For Use OWL Sterile Single Use Trident <sup>TM</sup> RF Insulated Cannula, Model DTR, Diros Document 174 at p. 5 (2020)). Further, an "RF Probe/Temperature Sensor" is specifically listed in steps 3-5, 7, and 11 of the Procedure. (Id.).  The RF probe [1] is shown inside the lumen.	6. Directions for Use 6.1 Equipment Required  Radiofrequency lesion procedures should be performed in a specialized clinical setting with fluoroscopic equipment.  The RF equipment required for the procedure is as follows:  It is important to use the correct size lesion/temperature probe  Q-ty Equipment  OWL Sterile Single Use Trident™ RF Insulated Cannula, model DTR  OWL RF Probe/Temperature Sensor.  Use probe of matching length.  (i.e. 5cm DTR cannula with 5cm probe)  1 D466-005 D467-005-TC D467-010-TCH D466-015 D466-015-TC D466-015-TC D466-020-TCH D466-020-TCH D466-020-TCH D466-020-TCH D466-020-TCH D466-020-TCH D466-020-TCH D466-020-TCH D466-015-TC, D466-010, 463-103-TM-S, 463-103-S, D466-015-TC, D466-010-TCH D466-015-TC, D466-020-TCH D463-103-HCT-S  D467-005-TCH, D467-010-TCH D463-103-BPTCH-S
		OWL Radiofrequency generator, URF-3AP
		OWL Disposable Indifferent dispersive electrode  (GD-Pad) meeting ANSI/AAMI standard HF-18 requirements for electrosurgical electrodes, models D7506, D7506NC

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	6.3 Procedure	
	<ol> <li>Assemble all required equipment for the intended procedure and position the patient as necessary.</li> </ol>	
	<ol> <li>Inspect the part number of the RF Probe/Temperature Sensor to ensure that it is the correct length to match the length of the Trident™ RF Insulated Cannula.</li> </ol>	
	4. Test the match by removing the stylet from the cannula and slowly inserting the RF Probe/Temperature Sensor into the cannula. Do not use excessive force to avoid damage to the RF Probe. The tip of the RF probe must lie within the bare tip of the RF cannula, see Figure 2. Otherwise the measured temperature will be incorrect. To further verify this, note the position of the handle of the RF Probe, Figure 1 (9) relative to the threaded top section of the Actuator, Figure 1 (4c). Then remove the RF Probe from the RF Cannula, place it parallel to and alongside the cannula and confirm that the tip of the RF Probe is no more than a mm short of the end of the RF Cannula bevel, but does not extend beyond it. Reinsert the Stylet into the RF Cannula.	
	<ol> <li>Connect the plug of the intermediate cable to an input of the Multi-Lesion Adaptor or to the Probe receptacle on the RF Generator. Maintain access to the probe connection end of</li> </ol>	
	the intermediate cable in order to facilitate easy attachment to the RF Probe/Temperature Sensor to it.	
	OWL STERILE SINGLE USE R.F. PROBE/TEMPERATURE SENSOR INSULATED CAMMULA  OWL STERILE SINGLE USE R.F. PROBE/TEMPERATURE SENSOR SHOULD  BE LOCATED AS SHOWN ABOVE  Figure 2. Correct position of RF Probe/Temperature  Sensor within the Trident™ RF Insulated Cannula. Tines  are not shown.	

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	<ol> <li>Once the cannula is properly positioned carefully remove the stylet from the cannula and insert the full length of the RF Probe/Temperature Sensor down the shaft of the Sterile Single Use Trident™ RF Insulated Cannula.</li> </ol>	
	11. Lesion as necessary. Refer to the RF Generator User's Manual for more information. Upon completion, remove the RF Probe/Temperature Sensor and instill anesthetic and steroid if in accordance with your protocol. When connecting/disconnecting the RF Cannula to the syringe, ensure once again to grasp the cannula only by its hub. Upon completion of the procedure, remove the Trident™ RF Insulated Cannula (with RF Probe/Temperature Sensor still in it if no anesthetic applied).	
	* The last image above showing the RF probe [1] of the needle depicts the related DTRH device. Upon information and belief, the needle of the DTRH device is substantively the same as the needle of DTR when it is combined with the required RF probe and thus the same features are present in the needle of the DTR.	

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a needle for insertion into a patient during an RF ablation procedure, the needle comprising:	The DTR device has a needle [2] with the tip at the distal end configured for insertion into a patient.  As described in the DTR IFU, the DTR "may be used for radiofrequency lesioning," which is an RF ablation procedure. (Exhibit I at p. 2).	
a hub;	The DTR device's needle has a hub portion [3], which constitutes a hub.	3
an elongate member fixed to the hub, the elongate member comprising a lumen at an interior thereof;	As shown, the DTR device's needle has an elongate member [4], which is fixed to the hub [3] and has an interior lumen [5].	3 4

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		5
a tip fixed to the elongate member at a distal end of the needle, wherein the tip is shaped to pierce tissue of the patient;	As shown, the DTR device's needle has a tip [6], which is fixed to the elongate member [4] at the distal end [7] of the DTR device's needle. The tip [6] is sharp and beveled and thus would be understood to be shaped for the purpose of piercing the tissue of a patient.	7

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a plurality of filaments;	As shown, the DTR device's needle comprises a plurality of filaments [8a-c].	8a 8b 8c
an actuator interconnected to the plurality of filaments, wherein movement of the actuator in a first direction relative to the hub moves the plurality of filaments relative to the tip to a deployed position distally beyond the tip, and wherein movement of the actuator in a second direction relative to	The DTR device's needle has an actuator portion [9] as shown in the first image at right in which the DTR device is in the retracted position, i.e., with the filaments disposed within at least a portion of the elongate member [4]. The actuator portion [9] is interconnected to the plurality of filaments [8a-c] such that rotating the actuator portion [9] in a first direction or a second direction	9

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the hub retracts the plurality of filaments to a retracted position in which the plurality of filaments are disposed within at least a portion of the elongate member; and	relative to the hub imparts movement of the plurality of filaments [8a-c] between the deployed position and the retracted position, respectively. As shown in the second image at right, the plurality of filaments [8a-c] extend distally beyond the tip [6] in the deployed position.	8a 8b 6 8c
a fitting in fluid communication with the lumen, the fitting being configured to provide a connection for injection of fluid through the fitting and through the lumen, the fitting further being configured to allow for insertion of the RF probe	The DTR device's needle has a fitting [10], which is in fluid communication with the lumen [5] and is configured to allow for injection of fluid through the lumen [5].  As described in the DTR IFU, a user is instructed to remove the RF probe [1] from the DTR to inject fluid through the lumen without removing	5

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into the lumen through the fitting,	the fitting. (See Exhibit I at p. 5, step 11). Thus, it would be understood that the same fitting that is configured to provide a connection for injection of fluid is also configured to allow for insertion of the RF probe [1].	11. Lesion as necessary. Refer to the RF Generator User's Manual for more information. Upon completion, remove the RF Probe/Temperature Sensor and instill anesthetic and steroid if in accordance with your protocol. When connecting/disconnecting the RF Cannula to the syringe, ensure once again to grasp the cannula only by its hub. Upon completion of the procedure, remove the Trident™ RF Insulated Cannula (with RF Probe/Temperature Sensor still in it if no anesthetic applied).
wherein the lumen at the interior of the elongate member is configured to accept the RF probe therein to physically contact a conductive portion of the needle and thereby electrically connect the RF probe to the tip and the plurality of filaments, such that energy emitted by the RF probe passes through the tip and the plurality of filaments, and	As shown, the lumen [5] at the interior of the DTR device's elongate member [4] is configured to and does accept the RF probe [1] therein.  As described in the DTR IFU, "Current from the RF generator is applied to the patient through the uninsulated portion of the lesion electrode." (Exhibit I at p. 3). Thus, it would be understood that physical contact occurs between the uninsulated exterior surface of the RF probe [1] and the uninsulated interior surface of the lumen [5] within the circle [11] of the photo to the right, and that this physical contact thereby electrically connects the RF probe [1] to the tip [6] and the plurality of filaments [8a-c].	4 5

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	11 8a 8b 6 8c

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such that the RF probe, the	As described in the DTR IFU, the	* The second image above showing the RF probe [1] of the needle depicts the related DTRH device. Upon information and belief, the needle of the DTRH device is substantively the same as the needle of DTR when it is combined with the required RF probe and thus the same features are present in the needle of the DTR.
tip, and the plurality of filaments operate together as a single monopolar RF electrode,	RF generator must be set in the "monopolar mode of operation." (Exhibit I at p. 6). Further, the RF probe, the tip, and the plurality of filaments are all electrically connected so they must operate together as a single electrode in a circuit.	<ul> <li>WARNINGS AND PRECAUTIONS         Inspect all components for damage prior to each use. If components are damaged in any manner they must not be used. Damaged components must be discarded or returned for evaluation/repair. Damaged components may result in patient or operator injury.     </li> <li>Check if device is reading room temperature before placing it into a patient</li> <li>Do not start treatment without verification of correct placement</li> <li>Do not start treatment if device doesn't read body temperature and impedance</li> <li>Application of RF energy may cause undesirable neuromuscular stimulation.</li> <li>During power delivery, the patient should not be allowed to come in contact with ground metal surfaces.</li> <li>Set RF generator in monopolar mode of operation.</li> </ul>

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wherein the conductive portion of the needle is at a distal end of the needle, and	The RF probe, the tip, and the plurality of filaments are all conductive and physical contact between them occurs within the circle [11] of the photo to the right at the distal end [7] of the needle.	11       7

### ATTORNEY CLIENT PRIVILEGED AND CONFIDENTIAL ATTORNEY WORK PRODUCT

#### U.S. Patent No. 10,736,688 Trident RF Insulated Cannula, Model DTR wherein, when the RF probe As shown, the actuator portion [9] is fully separated from the has been split revealing internal needle in a non-inserted threading such that the groove [12] state, such that none of the imparts movement on the plurality of filaments. Rotating the actuator RF probe is within the needle, the plurality of portion [9] imparts movement of the plurality of filaments between the filaments are movable via the actuator from the retracted position and the deployed 9 retracted position, in which position. Further, the actuator portion [9] has this capability the plurality of filaments are disposed within said at least regardless of whether the RF probe a portion of the elongate is in a non-inserted state, as shown, member, to the deployed or whether the RF probe is in an position. inserted state. As described in the DTR IFU, the "[c]annula hub/handle is equipped **12** with a mechanism that allows deployment and retraction of 3 tines [i.e., filaments]." (Exhibit I at p. 1; see also id. at p. 4 (further describing deployment and retraction of filaments)).